VII.
Matrix Format – Multiple Primary and Histology Coding Rules

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1:*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite**.**	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1:*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Prostate	Adenocarcinoma			***1:*** Report only one adenocarcinoma of the prostate per patient per lifetime. ***2:*** 95% of prostate malignancies are the common (acinar) adenocarcinoma histology (8140). See Equivalent Terms and Definitions for more information	Single*
M4		Retinoblastoma				Single*
M5	Any site or sites	Kaposi sarcoma				Single*
M6	Thyroid	Follicular and papillary	Within 60 days of diagnosis			Single*
M7	Bilateral ovary	Epithelial tumors (8000-8799)	Within 60 days of diagnosis			Single*
M8	Both sides of a paired site (Table 1)				Table 1 – Paired Organs and Sites with Laterality	Multiple**

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M9	Unilateral or bilateral	Adenocarcinoma in adenomatous polyposis coli (familial polyposis) with one or more in situ or malignant polyps			Tumors may be present in a single or multiple segments of the colon, rectosigmoid, rectum.	Single*
M10			Diagnosed more than one (1) year apart			Multiple**
M11	Topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character				***Example 1:*** A tumor in the penis C**6**09 and a tumor in the rectum C**2**09 have different second characters in their ICD-O-3 topography codes, so they are multiple primaries. ***Example 2:*** A tumor in the cervix C5**3**9 and a tumor in the vulva C5**1**9 have different third characters in their ICD-O-3 topography codes, so they are multiple primaries	Multiple**
M12	Topography codes that differ only at the fourth (Cxx**x**) character in any one of the following primary sites: • Anus and anal canal C21_) • Bones, joints and articular cartilage (C40_-C41_) • Peripheral nerves and autonomic nervous system (C47_) • Connective tissue and other soft tissues (C49_) • Skin (C44_)					Multiple**

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Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M13		Frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp				Single*
M14		Multiple in situ and/or malignant polyps			***Note:*** Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single*
M15			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Other Sites Multiple Primary Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M16		• Cancer/malignant neoplasm, NOS (8000) **and** a specific histology; or • Carcinoma, NOS (8010) **and** a specific carcinoma; or • Squamous cell carcinoma, NOS (8070) **and** a specific squamous cell carcinoma; or • Adenocarcinoma, NOS (8140) **and** a specific adenocarcinoma; or • Melanoma, NOS (8720) **and** a specific melanoma; or • Sarcoma, NOS (8800) **and** a specific sarcoma				Single*
M17		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M18	Does not meet any of the above criteria				When an invasive lesion follows an in situ within 60 days, abstract as a single primary.	Single*

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single Tumor; all parts are in situ)						
H1	The pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2			One type		Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H3			• Carcinoma in situ, NOS (8010) **and** a specific carcinoma or • Squamous cell carcinoma in situ, NOS (8070) **and** a specific squamous cell carcinoma or • Adenocarcinoma in situ, NOS (8140) **and** a specific adenocarcinoma or • Melanoma in situ, NOS (8720) **and** a melanoma in situ		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The more specific histologic term
H4			• Multiple specific histologies or • An NOS with multiple specific histologies		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The appropriate combination/ mixed code (Table 2)
H5	None of the above conditions are met					The numerically higher ICD-O-3 code

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: INVASIVE AND IN SITU (Single Tumor; in situ and invasive components)						
H6				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The single invasive histology. Ignore the in situ terms.
SINGLE TUMOR: INVASIVE ONLY (Single Tumor; all parts are invasive)						
H7	No pathology/cytology specimen or the pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H8	None from primary site				Code the behavior /3	The histology from a metastatic site
H9		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H10			One type		Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology
H11			• Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer. ***Example1:*** Adenocarcinoma, predominantly mucinous. Code mucinous adenocarcinoma (8480). ***Example 2:*** Non-small cell carcinoma, papillary squamous cell. Code papillary squamous cell carcinoma (8052).	The most specific histologic term
H12		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)

Other Sites Histology Coding Rules – Matrix

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Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H13			• Multiple specific histologies or • A non-specific histology with multiple specific histologies		The specific histology may be identified as type, subtype, predominantly, with features of, major or with _____ differentiation. ***Example 1 (multiple specific histologies):*** Mucinous and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma) ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)	The appropriate combination/mixed code (Table 2)
H14	None of the above conditions are met					The numerically higher ICD-O-3 code

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY						
H15	No pathology/cytology specimen or the pathology/cytology report is not available				***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H16	None from primary site				Code the behavior /3	The histology from a metastatic site
H17		Prostate	Acinar (adeno)carcinoma			8140 (adenocarcinoma NOS)
H18		Vulva Vagina Anus	Intraepithelial neoplasia grade III (in situ carcinoma): • vulva (VIN III) • vagina (VAIN III) • anus (AIN III).		VIN, VAIN, and AIN are squamous cell carcinomas. Code 8077 cannot be used for glandular intraepithelial neoplasia such as prostatic intraepithelial neoplasia (PIN) or pancreatic intraepithelial neoplasia (PAIN).	8077/2 (Squamous intraepithelial neoplasia, grade III)
H19		Prostate Pancreas	Intraepithelial neoplasia grade III (in situ adenocarcinoma): • prostate (PIN III) • pancreas (PAIN III)			8148/2 (Glandular intraepithelial neoplasia grade III)

Other Sites Histology Coding Rules – Matrix

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Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H20		Anus Perianal region Vulva	Extramammary Paget disease **and** an underlying tumor			The histology of the underlying tumor
H21			One type		Do not code terms that do not appear in the histology description. ***Example:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis.	The histology
H22		Thyroid	Follicular and papillary carcinoma			8340 (Papillary carcinoma, follicular variant)
H23				Invasive and in situ	This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category.	The invasive histology. Ignore the in situ terms

Other Sites Histology Coding Rules – Matrix

Excludes Head and Neck, Colon, Lung, Melanoma, Breast, Kidney, Renal Pelvis, Ureter, Bladder, Brain, Lymphoma and Leukemia

Rule	Pathology/Cytology Specimen	Primary Site	Histology	Behavior	Notes and Examples	Code
H24			Multiple specific histologies or A non-specific histology with multiple specific histologies		The specific histologies may be identified as a type, subtype, predominantly, with features of, major, or with ____ differentiation. ***Example 1 (multiple specific histologies):*** Gyn malignancy with mucinous, serous and papillary adenocarcinoma. Code 8323 (mixed cell adenocarcinoma) ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes)	The appropriate combination/mixed code (Table 2)
H25	None of the above conditions are met					The numerically higher ICD-O-3 code

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted. ***Example 1:*** History and physical exam states large tumor in nasopharynx. Biopsy base of tongue shows squamous cell carcinoma. No further information available. Abstract as a single primary. ***Example 2:*** Pathology report states extensive squamous cell carcinoma involving nasopharynx and larynx. Fragments of epiglottis positive for squamous cell carcinoma. No other information available. Abstract as a single primary.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Right side and left side of a paired site				See Table 1 for list of paired sites	Multiple**
M4	**Upper** lip (C000 or C003) **and lower** lip (C001 or C004)					Multiple**
M5	**Upper** gum (C030) **and lower** gum (C031)					Multiple**
M6	Nasal cavity (C300) **and** middle ear (C301)					Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7	Topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M8			More than 60 days after diagnosis	An invasive following an in situ	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M9			Diagnosed more than five (5) years apart			Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M10		• Cancer/malignant neoplasm, NOS (8000) **and** a specific histology; or • Carcinoma, NOS (8010) **and** a specific carcinoma; or • Adenocarcinoma, NOS (8140) **and** a specific adenocarcinoma; or • **Squamous cell carcinoma, NOS** (8070) and another is **specific squamous cell carcinoma** or • Melanoma and a specific melanoma; or • Sarcoma, NOS (8800) **and** a specific sarcoma				Single*
M11		Different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Head and Neck Multiple Primary Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				***1.*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2.*** All cases covered by rule M12 have the same first 3 numbers in ICD-O-3 histologic code. **Rule M12 Examples:** The following are examples of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors*** **Example 1:** Multifocal tumors in floor of mouth **Example 2:** An in situ and invasive tumor diagnosed within 60 days **Example 3:** In situ following an invasive tumor more than 60 days apart	Single*

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type		***Example:*** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. ***Example:*** Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis	The histology
H4			Invasive and in situ	***Example:*** The final diagnosis is keratinizing squamous cell carcinoma (8073) with areas of squamous cell carcinoma in situ (8070). Code the invasive histologic type, keratinizing squamous cell carcinoma (8073).	The invasive histologic type

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H5		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same banch: • Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).	The most specific term using Chart 1
H6	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H7	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H8	None from primary site			Code the behavior /3	The histology from a metastatic site
H9		One type		***Example:*** Squamous cell carcinoma. Code 8070. Do not code terms that do not appear in the histology description. ***Example:*** Do not code 8072 (squamous cell carcinoma non-keratinizing) unless the words "non-keratinizing" actually appear in the diagnosis	The histology
H10				***1:*** See the Head and Neck Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the more invasive tumor. 2. If tumors are equally invasive, go to the next rule	The histology of the most invasive tumor

Head and Neck Histology Coding Rules – Matrix
C000-C148, C300-C329
(Excludes lymphoma and leukemia – M-9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same banch: • Cancer/malignant neoplasm, NOS (8000) **and** a more specific histology or • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Squamous cell carcinoma, NOS (8070) **and** a more specific squamous cell carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Melanoma, NOS (8720) **and** a more specific melanoma or Sarcoma, NOS (8800) **and** a more specific sarcoma		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. **Example:** The final diagnosis is squamous cell carcinoma (8070), papillary (8050). Code the specific type, papillary (8050).	The most specific term using Chart 1
H12	None of the conditions are met				The histology with the numerically higher ICD-O-3 code

Colon Multiple Primary Rules – Matrix
C180-C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2.*** Includes combinations of in situ and invasive	
M2	Single				Tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2.*** Includes combinations of in situ and invasive	
M3		Adenocarcinoma in adenomatous polyposis (familial polyposis) with one or more malignant polyps			Tumors may be present in multiple segments of the colon or in a single segment of the colon.	Single*
M4	Sites with topography codes that are different at the second (C**x**xx), third (Cx**x**x) or fourth (C18**x**) character					Multiple**
M5			Diagnosed more than one (1) year apart			Multiple**
M6			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Colon Multiple Primary Rules – Matrix
C180-C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7		A frank in situ or malignant adenocarcinoma and an in situ or malignant tumor in a polyp				Single*
M8		• Cancer/malignant neoplasm, NOS (8000) **and** a specific histology; OR • Carcinoma, NOS (8010) **and** a specific carcinoma; OR • Adenocarcinoma, NOS (8140) **and** a specific adenocarcinoma; OR • Sarcoma, NOS (8800) **and** a specific sarcoma				Single*
M9		Multiple in situ and/or malignant polyps			Includes all combinations of adenomatous, tubular, villous, and tubulovillous adenomas or polyps.	Single*
M10		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M11	Does not meet any of the above criteria				***1:*** When an invasive lesion follows an in situ within 60 days, abstract as a single primary. ***2:*** All cases covered by Rule M11 are in the same segment of the colon	Single*

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		Intestinal type adenocarcinoma or adenocarcinoma, intestinal type		***1:*** Intestinal type adenocarcinoma usually occurs in the stomach. ***2:*** When a diagnosis of intestinal adenocarcinoma is further described by a specific term such as type, continue to the next rule.	8140 (Adenocarcinoma, NOS)

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H4		Final diagnosis: • Adenocarcinoma in a polyp • Adenocarcinoma and a residual polyp or polyp architecture is recorded in other parts of the pathology report. • Adenocarcinoma and there is reference to a residual or pre-existing polyp within the medical record or • Mucinous/colloid or signet ring cell adenocarcinoma in a polyp or • There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp.	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenocarcinoma)
H5		Final diagnosis is: • Mucinous/colloid (8480) or signet ring cell carcinoma (8490) or • Adenocarcinoma, NOS and microscopic description documents 50% or more of the tumor is mucinous/colloid or • Adenocarcinoma, NOS and microscopic description documents 50% or more of the tumor is signet ring cell carcinoma			8480 (Mucinous/colloid adenocarcinoma) or 8490 (Signet ring cell carcinoma)

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		Final diagnosis is: • Microscopic description states less than 50% of the tumor is mucinous/colloid, or • Microscopic description states less than 50% of the tumor is signet ring cell carcinoma, or • Percentage of Mucinous/colloid or signet ring cell carcinoma is unknown			8140 (Adenocarcinoma, NOS)
H7		Combination of mucinous/colloid and signet ring cell carcinoma			8255 (Adenocarcinoma with mixed subtypes)
H8		Neuroendocrine carcinoma (8246) and carcinoid tumor (8240)			8240 (Carcinoid tumor, NOS)
H9		Adenocarcinoma and carcinoid tumor			8244 (Composite carcinoid)
H10		Exactly "adenocarcinoid"			8245 (Adenocarcinoid)
H11		One type			The histology
H12			Invasive and in situ		The invasive histologic type
H13		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)		***1.*** The specific histology for in situ tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific histology for invasive tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The most specific histologic term

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H14	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY These rules only apply to multiple tumors that are reported as a **single primary**					
H15	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H16	None from primary site			Code the behavior /3	The histology from a metastatic site
H17		• Clinical history says familial polyposis and final diagnosis on pathology report from resection is adenocarcinoma in adenomatous polyps, or • > 100 polyps in resected specimen • Number of polyps is not given but the diagnosis is familial polyposis			8220 (Adenocarcinoma in adenomatous polyposis coli)

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H18		Multiple in situ or malignant polyps are present, at least one of which is tubulovillous			8263 (Adenocarcinoma in a tubulovillous adenoma)
H19		• <= 100 polyps in resected specimen, or • Multiple polyps and the number of polyps is not given and familial polyposis is not mentioned			8221 (adenocarcinoma in multiple adenomatous polyps)
H20		Final diagnosis: • Adenocarcinoma and the microscopic description or surgical gross describes polyps or • Adenocarcinoma and there is reference to residual or pre-existing polyps or • Mucinous/colloid or signet ring cell adenocarcinoma in polyps or • There is documentation that the patient had a polypectomy		It is important to know that the adenocarcinoma originated in a polyp.	8210 (Adenocarcinoma arising in polyp), or 8261 (Adenocarcinoma in a villous adenoma), or 8263 (Adenocarcinoma in a tubulovillous adenocarcinoma)
H21		One type			The histology
H22		• Frank adenocarcinoma and a carcinoma in a polyp, or • In situ and invasive tumors • Multiple invasive tumors		***1:*** See the Colon Equivalent Terms, Definitions and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor. • Both/all histologies are invasive, code the histology of the most invasive tumor. ***2***. If tumors are equally invasive, go to the next rule	The histology of the most invasive tumor

Colon Histology Coding Rules – Matrix
C180 – C189
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H23		• Cancer/malignant neoplasm, NOS (8000) and a specific histology or • Carcinoma, NOS (8010) and a specific carcinoma or • Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or • Sarcoma, NOS (8800) and a specific sarcoma (invasive only)		***1:*** The specific histology for **in situ** tumors may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation ***2:*** The specific histology for **invasive** tumors may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The more specific histologic term
H24	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					***1:*** Use this rule only after all information sources have been exhausted. ***2:*** Use this rule when only one tumor is biopsied but the patient has two or more tumors in one lung and may have one or more tumors in the contralateral lung. (See detailed explanation in Lung Equivalent Terms and Definitions	Single*
SINGLE TUMOR					Tumor not described as metastasis	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite.	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					Tumors not described as metastases	
M3	Sites with topography codes that are different at the second (C**x**xx) and/or third (Cx**x**x) character				This is a change in rules; tumors in the trachea (C33) and in the lung (C34) were a single primary in the previous rules.	Multiple**
M4		Non-small cell carcinoma (8046) and small cell carcinoma (8041-8045)				Multiple**
M5		Adenocarcinoma with mixed subtypes (8255) and bronchioloalveolar (8250-8254)				Multiple**
M6	Single tumor in each lung				When there is a single tumor in each lung abstract as multiple primaries unless stated or proven to be metastatic.	Multiple**
M7	Multiple tumors in both lungs	Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M8			Diagnosed more than three (3) years apart			Multiple**
M9			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M10		Non-small cell carcinoma, NOS (8046) and a more specific non-small cell carcinoma type (Chart 1)				Single *
M11		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number			Adenocarcinoma in one tumor and squamous cell carcinoma in another tumor are multiple primaries.	Multiple**

Lung Multiple Primary Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M12	Does not meet any of the above criteria				***1:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2:*** All cases covered by this rule are the same histology **Rule M12 Examples** The following are examples of the types of cases that use Rule M12. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1:** Solitary tumor in one lung, multiple tumors in contralateral lung **Example 2:** Diffuse bilateral nodules (This is the only condition when laterality = 4) **Example 3:** An in situ and invasive tumor diagnosed within 60 days **Example 4:** Multiple tumors in the left lung metastatic from right lung **Example 5:** Multiple tumors in one lung **Example 6:** Multiple tumors in both lungs.	Single*

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis	The histology
H4			Invasive and in situ		The invasive histologic type

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H5		Multiple histologies all within the same branch on Chart 1. Examples of histologies within same branch: • Carcinoma, NOS (8010) **and** a more specific carcinoma or • Adenocarcinoma, NOS (8140) **and** a more specific adenocarcinoma or • Sarcoma, NOS (8800) **and** a more specific sarcoma.		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The specific histology may also be identified as follows: adenocarcinoma, clear cell or clear cell adenocarcinoma. ***Example 1:*** Adenocarcinoma, predominantly mucinous. Code 8480 (mucinous adenocarcinoma). ***Example 2:*** Non-small cell carcinoma, basaloid squamous cell. Code 8083 (basaloid squamous cell carcinoma).	The most specific term using Chart 1
H6		Multiple specific or a non-specific with multiple specific (Table 1)		The specific histologies may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation ***Example 1 (multiple specific histologies):*** Solid and papillary adenocarcinoma. Code 8255 (adenocarcinoma with mixed subtypes). ***Example 2 (multiple specific histologies):*** Combined small cell and squamous cell carcinoma. Code 8045 (combined small cell carcinoma). ***Example 3 (non-specific with multiple specific histologies):*** Adenocarcinoma with papillary and clear cell features. Code 8255 (adenocarcinoma with mixed subtypes).	The appropriate combination/mixed code (Table 1)

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H7	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H8	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT, PET, or MRI scans • Chest x-rays ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site			Code the behavior /3	The histology from a metastatic site
H10		One type		Do not code terms that do not appear in the histology description ***Example 1:*** Do not code squamous cell carcinoma non-keratinizing unless the words "non-keratinizing" actually appear in the diagnosis. ***Example 2:*** Do not code bronchioalveolar non-mucinous unless the words "non-mucinous" actually appear in the diagnosis.	The histology

Lung Histology Coding Rules – Matrix
C340-C349
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11				***1:*** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). ***2:*** See the Lung Equivalent Terms, Definitions, Charts, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor

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Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE MELANOMAS					Melanoma(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE MELANOMA					***1:*** Melanoma not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single					Single*
MULTIPLE MELANOMAS **Multiple melanomas may be a single primary or multiple primaries**					***1:*** Melanoma not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Topography codes are different at the second (C**x**xx), third (Cx**x**x) or fourth (Cxx**x**) character					Multiple**
M4	Different laterality				A **midline** melanoma is a different laterality than right or left. ***Example 1:*** A melanoma on the right side of the chest and a melanoma at midline on the chest are different laterality, multiple primaries. ***Example 2:*** A melanoma on the right side of the chest and a melanoma on the left side of the chest are multiple primaries.	Multiple**
M5		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M6			More than 60 days after diagnosis	An invasive melanoma following an in situ melanoma	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

Cutaneous Melanoma Multiple Primary Rules – Matrix
C440 – C449
(Excludes melanoma of any other site)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7			Diagnosed more than 60 days apart			Multiple**
M8	Does not meet any of the above criteria				***1:*** Use the data item "Multiplicity Counter" to record the number of tumors abstracted as a single primary. ***2:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***3:*** All cases covered by this rule are the same site and histology. **Rule M8 Examples** The following are examples of the types of cases that use Rule M8. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Solitary melanoma on the left back and another solitary melanoma on the left chest **Example 2**: Solitary melanoma on the right thigh and another solitary melanoma on the right ankle	Single*

Cutaneous Melanoma Histology Coding Rules – Matrix
C440-C449
(Excludes melanoma of all other sites)

Rule	Melanoma Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE MELANOMA OR MULTIPLE MELANOMAS ABSTRACTED AS A SINGLE PRIMARY					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of melanoma in the medical record • PET scan ***2:*** Code the specific histology when documented.	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type			The histology
H4			Invasive and in situ		The invasive histologic type
H5		Regressing melanoma and a histologic type		***Example:*** Nodular melanoma with features of regression. Code 8721 (Nodular melanoma).	The histologic type
H6		Regressing melanoma		***Example****:* Malignant melanoma with features of regression. Code 8723.	8723 (Malignant melanoma, regressing)
H7		Melanoma, NOS (8720) with a single specifc type		***1.*** The specific type for in situ lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, major, or with ____differentiation. ***2.*** The specific type for invasive lesions may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation.	The most specific histologic term
H8	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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Breast Multiple Primary Rules – Matrix
C500 – C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1:*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	One or both breasts	Inflammatory carcinoma				Single*
M3	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1:*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M4	Topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M5			Diagnosed more than five (5) years apart			Multiple**
M6	One or both breasts	Inflammatory carcinoma				Single*
M7	Both breasts				Lobular carcinoma in both breasts ("mirror image") is a multiple primary	Multiple**
M8			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M9		Intraductal and/or duct and Paget Disease			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*

Breast Multiple Primary Rules – Matrix
C500 – C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M10		**Lobular** (8520) **and** intraductal or **duct**			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*
M11		Multiple intraductal and/or duct carcinomas			Use Table 1 and Table 2 to identify intraductal and duct carcinomas	Single*
M12		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M13	Does not meet any of the above criteria				***1:*** When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. ***2:*** All cases covered by Rule M13 have the same first 3 numbers in ICD-O-3 histology code **Rule M13 Examples** The following are examples of the types of cases that use Rule M13. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Invasive duct and intraductal carcinoma in the same breast **Example 2**: Multi-centric lobular carcinoma, left breast	Single*

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: IN SITU ONLY (Single tumor; all parts are in situ)					
H1	The pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • From clinician reference to type of cancer (histology) in the medical record ***2:*** Code the specific histology when documented.	The histology documented by the physician
H2		One type			The histology
H3		• Carcinoma in situ, NOS (8010) and a specific carcinoma in situ or • Adenocarcinoma in situ, NOS (8140) and a specific adenocarcinoma in situ or • Intraductal carcinoma, NOS (8500) and a specific intraductal carcinoma (Table 1)		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____ differentiation, architecture or pattern. The terms architecture and pattern are subtypes only for in situ cancer.	The more specific histologic term
H4		Non-infiltrating comedocarcinoma and any other intraductal carcinoma (Table 1)		***Example:*** Pathology report reads intraductal carcinoma with comedo and solid features. Code 8501/2 (comedocarcinoma).	**8501/2** (comedocarcinoma, non-infiltrating)
H5		In situ lobular (8520) and intraductal carcinoma (Table 1)			**8522/2** (intraductal carcinoma and lobular carcinoma in situ)

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		• Combination of intraductal carcinoma and one or more specific intraductal types OR • **Two or more specific intraductal** carcinomas Use Table 1 to identify the histologies.		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8523/2** (intraductal carcinoma mixed with other types of in situ carcinoma)
H7		In situ lobular (8520) and any in situ carcinoma other than intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8524/2** (in situ lobular mixed with other types of in situ carcinoma)
H8		Combination of in situ/non-invasive histologies that does not include either intraductal carcinoma (Table 1) or in situ lobular (8520)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8255/2** (adenocarcinoma in situ with mixed subtypes)
SINGLE TUMOR: INVASIVE AND IN SITU (Single tumor; in situ and invasive components)					
H9			Invasive and in situ	***1.*** Ignore the in situ terms. ***2.*** This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).	The invasive histology

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR: INVASIVE ONLY (Single tumor; all parts are invasive)					
H10	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H11	None from primary site			Code the behavior /3	The histology from a metastatic site
H12		• Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8140) and a more specific adenocarcinoma or • Duct carcinoma, NOS (8500) and a more specific duct carcinoma (8022, 8035, 8501-8508) or • Sarcoma, NOS (8800) and a more specific sarcoma		The specific histology may be identified as type, subtype, predominantly, with features of, major, or with ____differentiation. The terms architecture and pattern are subtypes only for in situ cancer.	The most specific histologic term

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H13		Final diagnosis of the pathology report specifically states inflammatory carcinoma		Record dermal lymphatic invasion in Collaborative Staging	**8530** (inflammatory carcinoma)
H14		One type			The histology
H15		Combination of lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	**8522** (duct and lobular)
H16		• Combination of **duct and** one or more specific duct types OR • **Two or more specific duct** carcinomas. Use Table 2 to identify the histologies		Use Table 2 to identify duct carcinomas ***Example 1:*** Code 8523 when the diagnosis is "infiltrating duct carcinoma and comedocarcinoma." ***Example 2:*** Code 8523 when the diagnosis is "infiltrating duct, pleomorphic and papillary type."	**8523** (duct mixed with other types of carcinoma)
H17		Lobular and any other carcinoma		***Note***: Other carcinomas exclude lobular and any listed on Tables 1 and 2.	**8524** (lobular mixed with other types of carcinoma)
H18		Multiple histologies that do not include duct or lobular (8520)		Use Table 2 to identify duct carcinomas	**8255** (adenocarcinoma with mixed subtypes)

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H19	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • Mammogram • PET scan • Ultrasound ***2:*** Code the specific histology when documented ***3:*** Code the histology to cancer/malignant neoplasm, NOS (8000) or carcinoma, NOS (8010) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H20	None from primary site			Code the behavior /3	The histology from a metastatic site
H21		Final diagnosis of the pathology report specifically states inflammatory carcinoma		***Note***: Record dermal lymphatic invasion in Collaborative Staging	**8530** (inflammatory carcinoma)
H22		One type			The histology
H23		Pathology report specifically states Paget disease is in situ and the underlying tumor is intraductal carcinoma (Table 1)		Change the behavior to 2 (in situ) in accordance with the ICD-O-3 matrix principle (ICD-O-3 Rule F.)	**8543/2** (in situ Paget disease and intraductal carcinoma

Breast Histology Coding Rules – Matrix
C500-C509
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H24		Paget disease and intraductal carcinoma		***1.*** ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). ***2.*** Includes both invasive Paget disease and Paget disease with behavior not stated. ***3***: Use Table 1 to identify intraductal carcinomas	**8543/3** (Paget disease and intraductal carcinoma)
H25		Paget disease and invasive duct carcinoma		***1.*** ICD-O-3 classifies all mammary Paget disease as a malignant process with a malignant behavior (/3). ***2.*** Includes both invasive Paget disease and Paget disease with behavior not stated. ***3***: Use Table 2 to identify duct carcinomas	**8541/3** (Paget disease and infiltrating duct carcinoma)
H26			Invasive and in situ	***1.*** Ignore the in situ terms. ***2.*** This is a change from the previous histology coding rules and is different from ICD-O-3 rules. This change was made in collaboration with the ICD-O-3 editors. The consensus was that coding the invasive component of the tumor better explains the likely disease course and survival category. Using these rules, combinations of invasive duct and in situ lobular are coded to invasive duct (8500/3) rather than the combination code for duct and lobular carcinoma (8522/3).	The invasive histology
H27		Infiltrating lobular (8520) and duct carcinoma		Use Table 2 to identify duct carcinomas	**8522/3** (duct and lobular)
H28	None of the conditions are met				The histology with the numerically higher ICD-O-3 code

Kidney Multiple Primary Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				Tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS **Multiple tumors may be a single primary or multiple primaries**					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3		Wilms tumors				Single*
M4	Tumors with topography codes that differ at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M5	Tumors in both right and left kidneys				Abstract as a single primary when the tumors in one kidney are documented to be metastatic from the other kidney	Multiple**
M6			Diagnosed more than three (3) years apart			Multiple**
M7			More than 60 days after diagnosis	An invasive tumor following an in situ tumor	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**

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Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M8		A renal cell type in one tumor and a different specific renal cell type in another (Table 1)				Multiple**
M9		• Cancer/malignant neoplasm, NOS (8000) and a specific histology or • Carcinoma, NOS (8010) and a specific carcinoma or • Adenocarcinoma, NOS (8140) and a specific adenocarcinoma or • Renal cell carcinoma, NOS (8312) and a single renal cell type (Table 1)				Single*
M10		Histology codes are different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

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Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M11	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary. **Rule M11 Examples** The following are examples of the types of cases that use Rule M11. This is NOT intended to be an exhaustive set of examples; there are other cases that may be classified as a single primary. ***Warning: Using only these case examples to determine the number of primaries can result in major errors.*** **Example 1**: Multiple tumors in one kidney with the same histology **Example 2**: An in situ and invasive tumor diagnosed within 60 days	Single*

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	None or the pathology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		One type			The histology
H4			Invasive and in situ		The invasive histologic type
H5		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or Adenocarcinoma, NOS (8041) and one specific adenocarcinoma type or • Renal cell carcinoma (8312) and one specific renal cell type.		Use Table 1 to identify specific renal cell types	The specific type

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H6		Two or more specific types of renal cell carcinoma.		Use Table 1 to identify specific renal cell types ***Example:*** Renal cell carcinoma, papillary and clear cell types. Assign code 8255.	8255 (Adenocarcinoma with mixed subtypes)
H7	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H8	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H9	None from primary site			Code the behavior /3	The histology from a metastatic site
H10		One type			The histology

Kidney Histology Coding Rules – Matrix
C649
(Excludes lymphoma and leukemia M9590 – 9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11				***1:*** This rule should only be used when the first three digits of the histology codes are identical (This is a single primary). ***2:*** See the Kidney Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H12		• Cancer/malignant neoplasm, NOS (8000) and a more specific histology or • Carcinoma, NOS (8010) and a more specific carcinoma or • Adenocarcinoma, NOS (8041) and one specific adenocarcinoma type or • Renal cell carcinoma (8312) and one specific renal cell type		Use Table 1 to identify specific renal cell types	The specific type

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMORS					Tumor(s) not described as metastasis	
M1					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					***1.*** Tumor not described as metastasis ***2:*** Includes combinations of in situ and invasive	
M2	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS Multiple tumors may be a single or multiple primaries					***1.*** Tumors not described as metastases ***2:*** Includes combinations of in situ and invasive	
M3	Tumor(s) in the right renal pelvis and tumor(s) the left renal pelvis				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
M4	Tumor(s) in the right ureter and tumor(s) in the left ureter				Use this rule and abstract as a multiple primary unless documented to be metastatic.	Multiple**
M5	**Bladder**	**Any combination** of: • Papillary carcinoma (8050) or • Transitional cell carcinoma (8120-8124) or • Papillary transitional cell carcinoma (8130-8131)				Single*
M6			More than three (3) years apart			Multiple**
M7		Tumors with histology codes different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**

Renal Pelvis, Ureter, Bladder, and Other Urinary Multiple Primary Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M8	• Renal pelvis (C659) and ureter (C669) or • Ureter(C669) and bladder (C670-C679) or • Bladder (C670-C679)and urethra (C680) or • Urethra (C680) and prostatic urethra (C680)					Single*
M9	Tumors with topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M10			More than 60 days after diagnosis	An invasive following an in situ	***1:*** The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed. ***2:*** Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.	Multiple**
M11	Does not meet any of the above criteria				When an invasive tumor follows an in situ tumor within 60 days, abstract as a single primary.	Single*

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H3		• Pure transitional carcinoma or • Flat (non—papillary) transitional cell carcinoma or • Transition cell carcinoma with squamous differentiation or • Transitional cell carcinoma with glandular differentiation or • Transitional cell carcinoma with trophoblastic differentiation or • Nested transitional cell carcinoma or • Microcystic transitional cell carcinoma			
H4		• Papillary carcinoma or • Papillary transitional carcinoma or • Papillary carcinoma and transitional cell carcinoma			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H5		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma)	The histology
H6			Invasive and in situ		The invasive histologic type

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H7		Examples • Cancer/malignant neoplasm, NOS (8000) and a more specific histology; or • Carcinoma, NOS (8010) and a more specific carcinoma; or • Sarcoma, NOS (8800) and a more specific sarcoma (invasive only)		***1:*** The specific histology for **in situ** lesions may be identified as pattern, architecture, type, subtype, predominantly, with features of, or with _____differentiation. ***2:*** The specific histology for **invasive** lesions may be identified as type, subtype, predominantly, with features of, or with _____differentiation.	The most specific histologic term
H8	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H9	None or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • From reports or notes in the medical record that document or reference pathologic or cytologic findings • From clinician reference to type of cancer in the medical record • From CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) or 8010 (carcinoma, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H10	None from primary site			Code the behavior /3	The histology from a metastatic site

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H11		• Pure transitional carcinoma or • Flat (non—papillary) transitional cell carcinoma or • Transition cell carcinoma with squamous differentiation or • Transitional cell carcinoma with glandular differentiation or • Transitional cell carcinoma with trophoblastic differentiation or • Nested transitional cell carcinoma or • Microcystic transitional cell carcinoma			8120 (transitional cell/urothelial carcinoma) (Table 1 – Code 8120)
H12		• Papillary carcinoma or • Papillary transitional carcinoma or • Papillary carcinoma and transitional cell carcinoma			8130 (papillary transitional cell carcinoma) (Table 1 – Code 8130)
H13		One type		Only code squamous cell carcinoma (8070) when there are no other histologies present (pure squamous cell carcinoma).	The histology

Renal Pelvis, Ureter, Bladder, and Other Urinary Histology Coding Rules – Matrix
C659, C669, C670-C679, C680-C689
(Excludes lymphoma and leukemia M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
H14				See the Renal Pelvis, Ureter, Bladder and Other Urinary Equivalent Terms, Definitions, Tables and Illustrations for the definition of most invasive. • One tumor is in situ and one is invasive, code the histology from the invasive tumor • Both/all histologies are invasive, code the histology of the most invasive tumor.	The histology of the most invasive tumor
H15	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

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Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Multiple Primary Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

* Prepare one abstract. Use the histology coding rules to assign the appropriate histology code.
** Prepare two or more abstracts. Use the histology coding rules to assign the appropriate histology code to each case abstracted.

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
UNKNOWN IF SINGLE OR MULTIPLE TUMOR					Tumor(s) not described as metastasis	
M1	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**
M2					Use this rule only after all information sources have been exhausted.	Single*
SINGLE TUMOR					Tumor not described as metastasis	
M3	Single				The tumor may overlap onto or extend into adjacent/contiguous site or subsite	Single*
MULTIPLE TUMORS Multiple tumors may be a single primary or multiple primaries					Tumors not described as metastases	
M4	Brain			Invasive (/3) and either a benign (/0) or uncertain/borderline (1) tumor		Multiple**
M5	Tumors with topography codes different at the second (C**x**xx) and/or third (Cx**x**x) character					Multiple**
M6		Tumors with histology codes on the same branch in Chart 1 or Chart 2			Recurrence, progression or any reappearance of histologies on the same branch in Chart 1 or Chart 2 is always the same disease process. ***Example:*** Patient has astrocytoma. Ten years later the patient is diagnosed with glioblastome multiforme. This is a progression or recurrence of the earlier astrocytoma.	Single*

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Multiple Primary Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule	Site	Histology	Timing	Behavior	Notes/Examples	Primary
M7		Tumors with histology codes on different branches in Chart 1 or Chart 2				Multiple**
M8		Tumors with histology codes different at the first (**x**xxx), second (x**x**xx), or third (xx**x**x) number				Multiple**
M9	Does not meet any of the above criteria				***1:*** Neither timing nor laterality is used to determine multiple primaries for malignant intracranial and CNS tumors. ***Example:*** The patient is treated for an anaplastic astrocytoma (9401) in the right parietal lobe. Three months later the patient is diagnosed with a separate anaplastic astrocytoma in the left parietal lobe. This is one primary because laterality is not used to determine multiple primary status. ***2:*** Multi-centric brain tumors which involve different lobes of the brain that do not meet any of the above criteria are the same disease process.	Single*

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Note: Benign and borderline intracranial and CNS tumors have a separate set of rules.

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
SINGLE TUMOR					
H1	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented. ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H2	None from primary site			Code the behavior /3	The histology from metastatic site
H3		At least two of the following cells and/or differentiation are present: • Astrocytoma • Oligodendroglioma • Ependymal			Code 9382/3 (mixed glioma)
H4		One type			The histology
H5		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type
H6	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code

Malignant Meninges, Brain, Spinal Cord, Cranial Nerves, Pituitary gland, Craniopharyngeal duct and Pineal gland
Histology Coding Rules – Matrix
C700, C701, C709, C710-C719, C720-C725, C728, C729, C751-C753
(Excludes lymphoma and leukemia – M9590-9989 and Kaposi sarcoma M9140)

Rule	Pathology/Cytology Specimen	Histology	Behavior	Notes and Examples	Code
MULTIPLE TUMORS ABSTRACTED AS A SINGLE PRIMARY					
H7	No pathology/cytology specimen or the pathology/cytology report is not available			***1:*** Priority for using documents to code the histology • Documentation in the medical record that refers to pathologic or cytologic findings • Physician's reference to type of cancer (histology) in the medical record • CT or MRI scans ***2:*** Code the specific histology when documented ***3:*** Code the histology to 8000 (cancer/malignant neoplasm, NOS) as stated by the physician when nothing more specific is documented	The histology documented by the physician
H8	None from primary site			Code the behavior /3	The histology from a metastatic site
H9		One type			The histology
H10		Diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2			The specific type
H11	None of the above conditions are met				The histology with the numerically higher ICD-O-3 code